

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
OSTOMY CARE

MSRM 140117.01.12.16
(D - 8/21)

ALL PROCEDURES MUST HAVE A CORRESPONDING ORDER DOCUMENTED IN THE INMATES EHR. IF THERE IS NO DOCUMENTED ORDER, WRITE A VERBAL ORDER AND ASSIGN TO THE HEALTH CARE PROVIDER FOR SIGNATURE.

Subjective Data:

Allergies: _____

Chief complaint: _____

Type of Ostomy: Colostomy Ileostomy Ileal Conduit/Urostomy (urine) Other: _____

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O₂ sats. _____ FSBS: _____

Stool Consistency: Semi liquid Semiliquid-Semiformed Liquid to semiliquid Formed

REFER TO HEALTH CARE PROVIDER IF: *Health care provider must be called if not on site or if after clinic hours.*

- Large amount of bleeding from stoma
- Unusual bulging around stoma
- Change in stoma color from pink-red to purple-black
- Any unusual problems with abdominal pain or continuous nausea and vomiting
- No bowel movement for more than 2 days

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

Routine Ostomy Care

- Privacy provided and procedure explained to inmate.
- Hands washed with soap and water. Gloves applied.
- Protective pad placed under site to protect inmate skin.
- Pouch emptied of stool (if present).
- Ostomy appliance removed and disposed in appropriate waste container.
- Gloves removed, hands washed and clean gloves applied.
- Area assessed for skin breakdown.
- Using clean technique stoma and skin cleansed with warm tap water and patted dry.
- Stoma measured using measuring guide for appropriate length and width. (where skin meets stoma).
- Gauze pad placed over orifice of stoma to wick stool. Wafer and pouch prepared for application to ensure good seal.
- Wafer cut accurately to ensure a snug fit.
- Ostomy pouch closed using clip/Velcro. Clean pouch attached to wafer.
- Wafer backing removed and placed on skin with stoma centered in cutout.
- Wafer edges taped down with tape.
- Protective pad removed and disposed in appropriate container.
- Gloves removed, disposed, and hands rewashed.
- Inmate tolerated procedure well.
- Education/Intervention: Instructed inmate to follow-up sick call if experiencing any signs and symptoms that warrant treatment. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/Credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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